S. No. 2
—11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18871

Registration District No. 276 Primary Registration District No. 4410 Registrar's No.

81
3
0

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town St James (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 81
(a) State Mo (b) County Phelps
(c) City or town St James Rural (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Minnie M Brewer
3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thos. Brewer
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased 9 - 22 - 1887 (Month) (Day) (Year)
8. AGE: Years 56 Months 7 Days 18 If less than one day hr. min.
9. Birthplace Licking (City, town, or county) Mo (State or foreign country)
10. Usual occupation House wife
11. Industry or business

FATHER
12. Name Jos H Agee
13. Birthplace Texas Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Mary Beard
15. Birthplace Texas co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Thos Brewer
(b) Address St James Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cem
18. (a) Signature of funeral director W E Kichlider
(b) Address St James, Mo
19. (a) 5-18-1944 (Date received local registrar) (b) Chauna Dickson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1944 hour 10 minute A M.

21. I hereby certify that I attended the deceased from May 1, 1944 to May 10, 1944 that I last saw her alive on May 10, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Embolus	1 h
Due to Chronic Myocarditis	1 yr
Due to Cardiac Asthma	10 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature William H Breuer (M. D. or other)
Address St James Date signed 5/18/44

1041

(Licensed Embalmer's Statement on Reverse Side)

AUG 9 1944

AUG 7 1944 NAP

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed W T Lockridge

Licensed Embalmer No. 1970

P. O. Address St James Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.